# STATEMENT OF

PAGE 1 / 15 -

FEC FORM 1		ORGAN						Office U	se Only	
1. NAME OF		(Check if nar		ample: If typing	j, type	12FI	E4M5	011100 0	oc Ciny	
COMMITTEE (ir	n full)	is changed)	OV	er the lines.						
Tim Ryan f	or Ohio	0								
ADDRESS (number a	nd street)	P.O. Box 189					1 1 1	1 1	1 1 1	
(Check if a	address									
is changed	d)	Niles				ı OH	1 1.	44446		<u> </u>
		CITY A				STATE	J L		ZIP CO	DDE 🛦
COMMITTEE'S E-MA	VII VUUDEG	25								
(Check if a		ւcompliance@blu	ewavenoliti	cs com						
is changed										
		Optional Second E-M	Mail Address							
COMMITTEE'S WEB  (Check if a is changed)	address	DRESS (URL)  www.timforoh.com								
2. DATE 09	9 / 15									
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C C007777	71						
4. IS THIS STATEM	MENT	NEW (N)	OR I	<b>×</b> AMEND	ED (A)					
I certify that I have e	examined th	is Statement and to th	e best of my	knowledge an	d belief it	is true, o	correct a	and com	plete.	
Type or Print Name	of Treasurer	Olsen, Josie, , ,								
Signature of Treasure	er Olsen,	Josie, , ,		[Electronically	Filed]	Date	M M	1 -	5 /	2022
NOTE: Submission of	false, errone	ous, or incomplete infor							Ities of 52	U.S.C. §3010
Office Use Only				For further int Federal Electio Toll Free 800-4	n Commissio 124-9530				C FOR	

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Ryan, Timothy, , , Candidate	
	Party Affiliation DEM Sought: House Senate President	State OH istrict 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 02	2/2009)	Page <b>3</b>
V	/rite or Type Committee Name		
	Tim Ryan for O		
6.	Name of Any Connected Or BLUE SENATE CAN	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	BLUE SEINATE CAIN		
		i 600 PENNSYLVANIA AVE SE #15180	
	Mailing Address	300 1 ENNOTEVANIA AVE SE #15100	
		WASHINGTON DC 2000	)3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization 🗶 Joint Fundraising Representative	Leadership PAC Sponso
	_		
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the person in posse	ession of committee
	Olsen, Josie		
	Full Name	 <u>                                   </u>	
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle   WA   9810	)4
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		682     7328
		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
	Full Name Olsen, Josie		
	of Treasurer		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle	04 
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 VIII =	<b></b> _
	Treasurer		682 - 7328

FEC Form 1 (F	devised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		elephone number	
Banks or Other De safety deposit boxes	positories: List all banks or other depositories in which or maintains funds.	the committee deposits fu	nds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
В	ank of America		
Mailing Address	7217 Aurora Road		
	Aurora	OH	44202
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
F	armers Bank		
Mailing Address	1625 Niles-Cortland Road, NE		
	Warren	OH	44484
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraisir</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
NC OH VICTORY	,		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	y by name, address (phone number – optional)  CITY   Telestries: List all banks or other depositories in which t	STATE A lephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material depository, etc.  Amalg	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which taintains funds.	STATE A lephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	y by name, address (phone number – optional)  CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.  amated Bank	STATE A lephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material depository, etc.  Amalg	y by name, address (phone number – optional)  CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.  amated Bank	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
NC OH PA VICTO	Organization, Affiliated Committee, Joint Fundon	draising Representativ	e, or Leadership PAC Spons
Mailing Address	600 PENNSYLVANIA AVE SE		
<b>3</b>	#15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join Join Join Join Join Join Join	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	cy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	cy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

յ) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundral	ising Representativ	e, or Leadership PAC Sponsor
DSC	CC FL NC OH	PA VICTORY 2022		
		ı 120 MARYLAND AVE NE		
М	lailing Address			
		WASHINGTON	DC DC	20002
R	elationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Doolan	atad Aganti Idantifu	by name address (phone number optional)		
	ated Agent: Identify  Name	by name, address (phone number – optional)		
Full		by name, address (phone number – optional)		
Full	Name	by name, address (phone number – optional)		
Full	Name	by name, address (phone number – optional)		
Full Mai	Name	CITY A	STATE A	ZIP CODE A
Full Mai	Name	CITY A	STATE A	ZIP CODE <b>A</b>
Full Mai	Name	CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	
Full Mai	Nameiling Address  TLE OR POSITION  or Other Depositor deposit boxes or main of Bank, ory, etc	CITY   Tele  ies: List all banks or other depositories in which the	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or many many many many many many many many				s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.				s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.				s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma				s funds, holds accounts, rents
Banks or Other Deposito				s funds, holds accounts, rents
TITLE OR POSITION				
TITLE OR POSITION			Telephone Number	
	<b>V</b>	CITY A	STATE A	ZIP CODE ▲
				1 , , , . 1_1
3				
Mailing Address				
Full Name				
Designated Agent: Identify	v by name, address (	phone number – ontional)		
Connected	d Organization A	ffiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	SEATTLE		WA I	98104
Mailing Address				
	401 2ND AVE S S	TE 303		
Name of Any Connected OHIO ARIZONA			draising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	C
1			FEC ID number	C
3.			FEC ID number	C
2			FEC ID number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected AZ NH NV OH V	I Organization, Affiliated Committee, Joint Fundr ICTORY FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	401 2ND AVE S STE 303		
	SEATTLE	WA	98104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
acianatad Agant, Idanti	fr by name address (phone number antional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  CITY A  Telepories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market.	CITY A  CITY A  Telepories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	CITY A  CITY A  Telepories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	CITY A  CITY A  Telepories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  CITY A  Telepories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  CITY A  Telepories: List all banks or other depositories in which	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_\_

n). <b>Joint Fundrais</b> i	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spor
EXPAND THE M	AJORITY VICTORY FUND		
Martina Addan	600 PENNSYLVANIA AVE SE		
Mailing Address	UNIT 15180		
	WASHINGTON	, DC	20003
Balatta addi			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi		Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
JUSTICE 2022			
	COO DENNICYL VANIA AVE CE #45400		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC L	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Join  y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	state A	
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundr AN VICTORY FUND	aising Representative	e, or Leadership PAC Spon
Mailing Address	910 17TH ST NW STE 925		
			<u> </u>
	WASHINGTON	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify	Organization Affiliated Committee Joint  by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

5(a)	or(h). <b>Joint Fundraisin</b>	ng Particinant		
J(g)	1		FEC ID number	C
	2.		FEC ID number	С
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.	Name of Any Connected MAJORITY 2022	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	910 17TH STREET NW SUITE 925		
		WASHINGTON	l DC l	20006
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		1		1
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		
		Te	elephone Number	
9.				
	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisi</b>	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
OHIO SENATE \	/ICTORY 2022		
	<u> </u>		
	ı 120 MARYLAND AVE NE		
Mailing Address			
	WASHINGTON	DC DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee  Joint Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

TITLE OR POSITION  Ganks or Other Deposito afety deposit boxes or material depository, etc.  Mailing Address	▼ pries: List all ban	CITY A	STATE A	ZIP CODE   ZIP CODE   osits funds, holds accounts, rent
TITLE OR POSITION  Lanks or Other Depositor  Lanks of Bank, depository, etc.	▼ pries: List all ban	CITY A	STATE A	ZIP CODE A
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